I UNFADING INK-THIS IS A PERMANEN ECORD. Every item of mfor-supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-I UNFADING INK-THIS IS A PERMANEN mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING -WRITE PLAINLY, V V.S. No. 1

STATE OF M	ARYLAND-(	CERTIFICATE	OF	DEATH
------------	-----------	-------------	----	-------

County Arrett  County Arrett  Registration Dist. No.  Village or City Arey Church  Length of residence in city or town where death occurred yrs mos.  Length of residence in city or town where death occurred yrs mos.  2. FULL NAME AND AND AND BACHE  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  (Ward.  (Usual place of abode)  PERSONAL OF RACE  (Wister the word)  (Wister the word)  Single  (Month)  (Day)  (Y)  22.  1. HEREBY CERTIFY, That I attended decease	
Village or City Gregy Church  No.  (If death occurred in a hospital or institution, give its NAME instead of street and number Length of residence in city or town where death occurred yrs	ds.
Length of residence in city or town where death occurred	ds.
2. FULL NAME Ward May Bachtel  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  Single  Single  St., Ward.  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (Month)  (Day)  (Wonth)  (Day)  (Word)  (Wonth)  (Day)  12. LHEREBY CERTIFY That Lattended deceases	2
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  (Y)  Sa. If married, widowed, or divorced HUSBAND of	2 ear)
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  1. COLOR OR RACE  OR DIVORCED (write the word)  Single  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Single  1. DATE OF DEATH  (Month)  (Day)  1. HEREBY CERTIEV That Lattended decease.	2 har)
3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   21. DATE OF DEATH (bril 6 ), 193.  5a. If married, widowed, or divorced HUSBAND of HUSBAND of Color of the second state of the word of the	2_ Par)
Single White OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of	2 ear)
5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, That I attended decease	
	d Dong
6. DATE OF BIRTH (month, day, and year) Upril 6, 1932   Last saw her alive on april 6, 1932, death	is sald
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at	of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (month and spent in this spent in this	
10. Dato deceased last worked at this occupation (month and year) occupation occupation	
12. BIRTHPLACE (city or town). Gregy Church Mil. asphysia neonstorum lasting	
The same of the sa	
13. NAME Mark Ofis Sachtel  14. BIRTHPLACE (city or town) Horseshoe Rom, Was there an autopsy  What test confirmed diagnosis? Chine al Was there an autopsy	no
15. MAIDEN NAME Twila Virginia Hauser 23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Horsechee Run Accident, suicide, or homicide? Date of injury 1	9
(State or country)  Where did injury occur?  (Specify city or town, county and State)	
17. INFORMANT MARKET Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Outstand and Rta	
18. BURIAL, CREMATION, OR REMOVAL  Place 310 P	
19. UNDERTAKER Mark Bachtel acting 24. Was disease or injury in any way related to occupation of deceased?	
20. FILED April 6, 1932 Elsus C. Shaffer (Signed) Harold C. Miller	
If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore Heavessing U. S. No. 1.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
4 52 53 2. AU V		<u> </u>		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		,		
•			1	

# STATE OF MARYLAND—CERTIFICATE OF DEATH

04173

1. PLACE	OF DEATH			82.00	
County	Garrett			Registration Dist. No. 16	./
	city Friendsv		(II	No. St., f death occurred in a hospital or institution, give its NAME instead of street and g  ds. How long Is U.S. if of foreign birth?	
2. FULL N	AME Charles	P. Besc	hv		
	ence: No. Grantay			St., Ward.  If nonresident give city or town and	State
	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED DIVORCED				21. DATE OF DEATH April 11 (MoRth) (Day)	, 193. <b>2</b> (Year)
(or) WIFE of	owed, or diverced  E The Market Marke	Looner 22 1	873	22. I HEREBY CERTIFY. That I attended of Apr. 11,, 1932., to Apr. 11,	, 19. 32
7. AGE	Years Months 10 Difession, or particular	Days 19	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 6:30A-m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: Cerebral Hemorrhage	Date of onset
O Date dece	was done, as SILK MILL, MILL, BANK, etc	11. Total 1	time (years) ent in this expation 25	Other Contributory Causes of importance:	
(State er c				Arteriosclerosis 5-	4-27
14. BIRTHPLA (State	CE (city or town)Pen:	nsylvani		Name of operation Date of What test confirmed diagnosis? One Was there an a	
15. MAIDEN (15. MA	NAME Ruhamiah  CE (city or town) Pen: er country)	nsylvan:		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	, 19
	ATION, OR REMOVAL	Date Age	13-,193>	Manner of injury	
19. UNOERTAKER (Address) 20. FILED.	Frence	es Jeanne	ele me et Statle	24. Was disease or Injury In any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other ontributory causes of importance:		Other contributory causes of importance:			
llstones	May 1,1923	Gastroenteritis	1 year		

Af more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	İ	Example II		
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Arteriosclerosis > 5.	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
50 E.Z.A.U				
Other centributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

William Thayer

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	'9 A O'WSPWOO	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	1)	3 days ago	
			A ANT		
Other causes of importance:		Other contributory ca	uses of importance:	i i	
llstones	May 1,1923	Gastroenteritis		1 year	

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statement

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	ERTHICATE OF BEATTI USE TO		
County Garrett	Registration Dist. No. 166		
Village or City Mt. Lake Park, Maryland (I	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
2. FULL NAME Russell H. Brown			
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH April, 22 193 2 (Yaar)		
500 Minor Mr. Geo. M. Brown	22. I HEREBY CERTIFY. That I attended decaased from ,19 , to ,19 ,19		
7. AGE Yaars Months Days If LESS than  26 10 22 or min.  8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEFPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and year) ADTIL, 10, 1932 occupation (state er country)  12. BIRTHPLACE (city or town) Garrett, Co.,	to have occurred on the date stated above, all; 45 p.M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Suicide, by shot gun, placing gun near head, shot removed greater portion of skull.  Inquest held. Verdict- Sincide.  Other Contributory Couses of importance:		
13. NAME Geo. M. Brown  14. BIRTHPLACE (city or town) Morgan town, W. Va.  (State or country)	Name of operation Data of Was there an autopsy?		
15. MAIDEN NAMEAnnie E. Harvey 16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Geo. M. Brown (Address) Mt. Lake Park Md.	23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide uicide Date of injure 22, 1932.  Where did injury occume as the property of town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL PINCHE Church, Md. Date 4-24 19. 32	Manner of injury		
19. UNDERTAKER Emory Bolden (Address) Oakland, d.	24. Was disease or injury in any way ralated to occupation of deceased?  If so, specify		
20 FILED 4/23/ 1932 Julia Rowan	(Signed) Www away State allowing (Address) Oake Smar Land		

mation

B.

Registrar.

(Address)

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Example I	-	Example II		
The principal cause of death and related causes of importance were as follows: CEIVED  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephralis MAY 6 193?	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones ,	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state

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Jo

ECORD. Every item of infor-PHYSICIANS Exact statement IS A PERMANEN properly classified. BINDING certificate. FOR H UNFADING INK-THIS MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may AGE should See instructions on back e carefully supplied. TION is very important. mation shou -WRITE

V. S. No. 1

STATE OF	MARYLAND-C	ERTIFICATE	OF	DEATH	0417
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- (82·0.)			
	Registration Dist	No. 164	169
Deer Park	Maryland.	St	War
d in a hospital or institut	ion, give its NAME ins	tend of street and	number)

(Address) Oakland Maryland

How long In U.S. if of foreign birth?

2.	FULL	NAME	Micha	el J.	Canty
----	------	------	-------	-------	-------

Village or CityAltomont Tower

Length of residence in city or town where death occurred.

1. PLACE OF DEATH

Garrett

BEDC	ONAL AND STATIST	(Usual place of abode)	If nonresident give city or town a	nd State	
		ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		21. DATE OF DEATH April, 21	, 193 <b>2</b> (Year)	
HUSBAND	idowed, or divorced of Bridget Tres	acy Canty	22. I HEREBY CERTIFY. That lattende April, 21 1932 to April, 21	d deceased from	
6. DATE OF BIR	TH (month, day, and year) Jg	n. 5. 1873	I tast saw him alive on April, 2 19 3		
7. AGE Years Months Deys If LESS than 1 day, hrs.		Deys If LESS than	to have occurred on the date stated above, at 8;30 Pm. M		
9. Industry work SAW	or husinges in which	rive, for B.&.O  CO M. Total time (years) spent in this occupation	Cerebral Hemorrhage	Oste of anset	
12. BIRTHPLACE (city or town) Keyser W. Va.  (State or country) Mineral Co.		W. Va.	Dther Contributory Causes of importance:		
13. NAME	William Cant	У			
1.	ACE (city or town) Irel	and	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAMEMARY Thompson  16. BIRTHPLACE (city or town) Ireland (Stete or country)  17. INFDRMANT James Canty (Address) Oakland, Md.			23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?		
19. UNDERTAKER (Address)	Emory Bolden Oakland, Md		24. Was disease or injury in any way related to occupation of deceased?		
20. FILED 4/2	24/ 1932 Mrs	. Chas, Ashby	(Signed) Re W. [[[ 0]116 as.	M, D	

Asnby

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
The same of the sa			-

or- ate	STATE OF MARYLAND	CERTIFICATE OF DEATH 04170
stat Stat	1. PLACE OF DEATH	<del></del>
OSE BOOL	County	Registration Dist. No.
item of should of OCC	Village or City Lang / Carry	No. St., Ward (death occurred in a hospital or institution, sive its NAME instead of street and number)
700 +1	Length of residence in city or town where death occurredyrs,mos	
Every [CIANS tement	2. FULL NAME & Light Friend or	£
~ L3	(a) Residence: No.	St., Ward.
ECORD. PHYSI	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Minth) (Day) (Year)
BINDING ERMANEN EXACT! y classified te.	5a. If married, widowed, or divorced HUSBAND of	22. t HEREBY CERTIFY, That I attended deceased from
NDIN RMAN X A C	(or) WIFE of	9/7 / 1932 to 2/7 72 1937
BINI EX. EX. y clay	6. DATE OF BIRTH (month, day, and year) DE/27 10 1848	Hast saw has alive on 1, 1932; death is said
R of P of	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$ 1.30 \( \mathcal{L}_m \)
FOR BI IS A PE stated E properly certificate.	83 7 /2 Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the principal
- 10 · · · ·	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
VE d H	S. Industry or business in which	Manite Gangeron with here
KK_T Should it may n back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Shadystry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	900000
ESERVEL INK-THI	- i spottett till 2 /	
ARGIN RESE NFADING INI pplied. AGE sl erms, so that it instructions on	year)	Other Contributory Causes of importance:
MN RADING d. AG s, so the	12. BIRTHPLACE (city or town) & and g	
MARGIN  TO UNFADI  efully supplied.  in plain terms, so ant. See instruct		pale is
UNN upp ter	E	Now of water
M. Ir U. y sul ain t	14. BIRTHPLACE (city or town) (State or country)	Name ef operation Date of What test confirmed diagnosis? Was there an autopsy?
TE E	15. MAIDEN NAME Engature Suite	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	15. MAIDEN NAME Elization Short 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
AINLY, d be car DEATH	X (State or country)	Where did injury occur? (Specify city or town, county and State)
4 PQ A	17. INFORMANT Queline & France	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
PLA hould OF D) very	(Address) Same I Table 18. BURIAL, CREMATION, OR REMOVAL	
E E S	Place Jan Rum md Date Up 24 1932	Manner of injury
-WLIN mation CAUSE FION is	74 71 1.	Mature of mjury
o. 1 mati CAT	19. UNDERTAKER (Address)  And Address	24. Was disease or Injury in any way related to occupation of deceased?
S. No.	4/23 22 P AM	(Signed) 7. T. Fro & drowfor M. D
. × Z	20. FILED 19 d Allia Roward Registrar.	(Address) Day Land Hill
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation,—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
\$			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND—CERTIFICATE OF DEATH
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1.	A	4	7	6
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V	A.	St.	-	4.

1. PLACE OF DEATH		(31)	4
County Samuel		Registration Dist. No.	7
Village or City Acciden	1R+D	NoSt.,	
Length of residence in city or town where	(It	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs	
0 - 6 -	4.11:14		
2. FULL NAME JANE	in any five		
(a) Residence: No./	(Usual place of abode)	St., Ward.  If nonresident give city or town as	nd State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	and the second s
3. SEX 4. COLOR OR RACE What	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April 10th	, 193.2
5a. If married, widowed, or divorced fusband of	2176	(Month) (Day)	(Yaar)
(or) WIFE of "	aggiora.	22. I HEREBY CERTIFY, That I attende	d doceased from
6. DATE OF BIRTH (month, day, and year)	moh 6th 1863		deeth Is said
7. AGE Years Months	Days   If LESS than 1 day,hrs.	to have occurred on the data stated above, at 630 A m.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	8.4
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	Farmer	Chronic Endocaditio	5/12/30
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.  9, Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, atc.  10. Data deceased last worked at	on Farm		
10. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	lvann	Other Contributory Causes of importance:	4/22/31
H	eris lette		
13. NAME / forsham &	on luma	Name of operation Date of	
	10 Drawn.	23. If deeth was due to external ceuses (VIOL ENCE) fill in elso the follow	
		Accident, suicide, or homicide? Date of injury	•
2 16. BIRTHPLACE (city or town)  (State or country)	ylronia	Where did injury occur?	
17. INFORMANT Savilla.  (Address) Leciden	Griffilly (3)	(Specify city or town, county and S Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC I	tate) PLACE.
18. BURIAL, CREMATION OR REMOVAL	in pair of for 12, 1932	Manner of Injury	
19. UNDERTAKER AND	avoge no	24. Was disease or Injury In any way related to occupation of deceased?	uo
20. FILED 12, 19.3.2	a. J. Richter	(Signed) M. C. Hadrow  (Address) Springswill 22	M. D.
If mor	e blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To	ha	a a man la ta		occupation			-4-4
10	De	complete,	an	occupation	return	must	state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil cugineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, ctc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Oth outributory causes of importance:		Other contributory causes of importance:	
Alstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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ck	PATI	8.
on ba	OCCUPATION	10.
See instructions on back of certificat	OTHER FATHER 17	BIR
instr	ER	13.
See	MOTHER   FATHER	14.
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10N is very important.	17.	BUR
ION	19.	UNI

		OF MAR	YLAND-	CERTIFICATE OF DE	AIH	7100
1. PLACE OF DE				111-20		
7	rrett	30		Registrati	ion Dist. No.	166
Village or City			(1	No. death occurred in a hospital or institution, give its NA. ds. How long in U.S. if of foreign birth?		
2. FULL NAME.	Charles	W. Hers	hman			
(a) Residence: No	)	(Usual place	of abode)	_St., Ward.	dent give city or town a	and State
PERSONAL	AND STATIS	TICAL PART	CULARS	MEDICAL CERTIFICA	TE OF DEATH	
	Note of the state	5. SINGLE, MAR OR DIVORCE Singl	RED, WIDOWED, D (write the word)	21. DATE OF DEATH April,	26.	1932 (Year)
5a. If married, widowed, or HUSBAND of (or) WIFE of	divorced Sing	le		22. I HEREBY CERT	FY, That I attend	
6. DATE OF BIRTH (month,	F	eb. 5.	1888	I last saw h alive on	19	death is said
7. AGE Years	Months	Deys	If LESS than	to have occurred on the date steted above, at .		222, 40411 10 0114
44	2	21	I dey, hrs.	The PRINCIPAL CAUSE OF DEATH and related were a Tollows:	causes of importence	Date of onset
8. Trade, profession, o kind of work do SAWYER, BOOK 9. Industry or busines work was done. SAW MILL, BAN 10. Date deceased last this occupation. 12. BIRTHPLACE (city or to (State or country)	ss in which as SILK MILL, IK, etc worked at Teth and ble wn) West	11. Total t spa occ	ime (years) nt in this upation	perforated Jeptok where.  Other Contributory Causes of importance:	From R	
14. BIRTHPLACE (city of (Stete or country)		owsville	, W. Va.	Name of operation	Date of	
15. MAIDEN NAME I	ntha Sh	ahan		23. If death was due to external causes (VIOL ENC		
16. BIRTHPLACE (city of (State or count)	ry)			Accident, suicide, or homicide?  Where did injury occur?(Specify cit Specify whether injury occurred in INDUSTRY, in	ty or town, county and S	State)
(Address) Oa.	kland, M	d.				
18. BURIAL, CREMATION, O	Altan W	. Va 4-2	8 ,19 32	Manner of injury		
19. UNDERTAKER A. (Address)	R. Fike Terra Al	ta W. Va		24. Was disease or injury In eny way related to or	ccupation of deceased?_	
20. FILED <b>4-</b> 26	, 19 32	Iran Po	Registrar.	(Signed) Och Gar	Saga	M. D.
	/ If mor	re blanks are needed,	address State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S.	No. 1.	1

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitical nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

No. 1

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PLACE OF DEATH		STATE OF	MARYLAND
County Farrel U		CERTIFICATI	E OF DEATH
Man P. L	53	Registration	Dist. No. 169
Village or City		St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in stead of street and
2FULL NAME 2000	WLOUS	Muran	number.)
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE	OF DEATH
S SEX  4 COLOR OR RACE  MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF	F DEATH 4 (Month)	-6 - , 19 <b>3 2</b>
6 DATE OF BIRTH	17 1 -	HEREBY CERTIFY, That I at	tended the deceased from
(Month) (Day) (Yes	ar) that I last s	saw handlive on	1-3-133
7 AGE		ath occurred on the date state	d above, at 33 2 m.
58 yrs. 11 mos. 25 ds. or m		OF DEATH * was as follows:	rown of
B OCCUPATION (a) Trade, profession or particular kind of work	Rax	it his orpor	lun
(b) General nature of industry	- CK/U7	WM 32 12/1	1 2474
business, or establishment in which employed or (employer)		(Duration)	yrs mos de.
9 BIRTHPLACE (State or country) MANIS (17)	Contribu	truels me	12/selde
10 NAME OF FATHER	(Signed)	avaren s	M. D.
M II BIRTHPLACE	14-9	- 1922 (Address) Alex	) Jank My
OF FATHER  (State or country)	*State Vlolent	the Disease Causing Death Causes, state (1) Means of In	or, in deaths from njury and (2) Whether
of MOTHER TOURS KONNEY	18 LENGTH	l, Suicidal or Homicidal.  OF RESIDENCE (For Hospi	itals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death	Recent Residents) In the yrsds. Sta	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place	ce of death?	,,
(Informant) Mrs Viola leva	Former or usual residence	.e	
(Address) heller-Parke WA	19 PLACE O	F BURIAL OR REMOVAL	DATE OF BURIAL

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic scrvice for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. For many occupations a especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISERAT CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pnėumonia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; American Medical Association. approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Committee on Nomenclature Chronic valvular heart etc. affection need The Always qualify all contributory disease

If this certificate it Tooked over thoroughly and all quistions answered in detail it will prove think the correspondence. All the data is essential and must be obtained before the certificate is personally fied.

STATE OF MARYLAND PLACE, OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give Ita NAME Instend of street and rumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 3 SEX MARRIED. BINDING WIDOWED. V OR DIVORCED (Day) (Month) Writs the word) CERTIFY, That I attended the deceased from 17 6 DATE OF BIRTH (Month) (Day) and that death occured on the date stated above, IfLESS than 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: 8 OCCUPATION RESERV (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in (Duration) .....yre..... mos., ı Which employed or (employer) Contributory IG 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 0 FATHER 0 11 BIRTHPLACE \*State the Disease Causing Death, OF FATHER Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) CCUI 13 BIRTHPLACE At place In the OF MOTHER State.....yrs.....mos..... (Stats or country 00 Where was disease contracted, if not at place of death? TO THE BEST OF MY KNOWLEDGE 14 THE ABOVE IS TRUE Former or usual residence... OF 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registran 16 W. Saratoga St., Balto., Requesting V. S. No. 14

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very im ortant, to that the relative health. should be used only when needed. As examples: (a) additional line is provided for the latter statement: it sary to know the first line will be sufficient, e. g.. Farmer or Planter, Statement of Occupation Precise statement of ocwhatever, write None. state occupation at beginning efillness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Deal-Spinner, (b) Colton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesm.s). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day (b)(a) the kind of work and also (b) the For persons who have no occupation Automobile factory. The material Locomolive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, letajus) may be stated under the head of "contributory." curbolic acid-probably suncide. The nature of the injury "Inanition," "Marusmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarconu,, etc., of American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion," "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discuse; Chronic interstitial nephritis, etc. The contributory Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Committee on Example: Measles (disease etc. The contributory Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the Quts is essential and must be obtained before the certificate is permanently filed.

	1. PLACE OF DEATH	82-0	6
	1 (	Registration Dist. No	
	2. FULL NAME  (a) Residence: No.  (Usual place of abode)	St., Ward.  If nonresident give city or town and Sta	
2	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	A(C
	3. SEX 4. COLOR OR RACE OR DIVORCED (write 1) 9 word)  White Single, MARRIED, WIO OWED, OR DIVORCED (write 1) 9 word)	21. DATE OF DEATH  (Month)  (Day)	93 Z (Year)
	5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of Ceaelia Lillman	22. I HEREBY CERTIFY, That I attended dec	ceased fro
-	6. DATE OF BIRTH (month, dey, and year) Alex July 8, 1856 7. AGE Years Months Deys If LESS than I day, hrs. or or min.	to have occurred on the date steted above, et	death is sa
	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at 11, Total time (years)	Comme Humahaya	4712
	SAW MILL, BANK, etc		
	12. BIRTHPLACE (city or town)  (State or country)   (State or country)   (State or country)	Other Contributory Causes of Importance:	yeo.
	13. NAME Jasefeh Dittman  14. BIRTHDLACE (ofty or town) of Siechofawerden  (State or country) of Siechofawerden	Name of operation Oate of What test confirmed diagnosis? Wes there an euto	opsy?
	15. MAIDEN NAME Henritte marine  16. BIRTHPLACE (city or town)  (State or country)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)	
	17. INFORMANT Julius Fittman  (Address)  18. BURIAL, CREMATION, OR REMOVAL	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE	E,
	Place Day I much Date 4 / 24, 1932	Nature of Injury	
	19. UNDERTAKER Dealer fractioning Ca (Address) Oar Lacel mid	24. Was disease or injury in any way related to occupation of deceased?	D
	20. FILEO 4/ 23, 1933 Julya Nowam Registrar.	(Signed)	M.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		· ·	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

H UNFADING INK-THIS IS A PERMANENT

ECORD. Every item of infor-

-WRITE PLAINLY,

1. PLACE OF DEATH		(Ma)	03
County Ganeth		Registration Dist, No. 16	
Village or City Red House		No. St	War
Village of City of Leave Ave.	(1	If death occurred in a hospital or institution, give its NAME instead of street and number	)
Length of residence in city or town where death occurre	dyrsmos	s. ds. How long in U.S. if of foreign birth?yrsmos	d
2. FULL NAME Anna R	Marti		
(a) Residence: No.		St., Ward.	
PERSONAL AND STATISTICAL PA	place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	
	MARRIED, WIDOWED.	21. DATE OF DEATH	
Femule White Mr	ORCED (write the word)	Blul 8 ,193	2 (ear)
ia. If married, widowed, or divorced	1	22. I HEREBY CERTIFY. That I attended deceas	ed fro
(or) WIFE of Carl H. Mg	Mu	March 25 ,1932 , 10 april 8 ,11	32
S. DATE OF BIRTH (month, day, and year)	12.1896	tlast saw her alive on april 2 ,1932; deat	h is sa
7. AGE Years Months Day:		to have occurred on the date stated above, at 9. 2. m.	
35 6 2	7 day, hrs.	more or follows:	ef opse
8. Trada, profession, or particular kind of work done, as SPINNER, House SAWYER, BOOKKEEPER, etc.	Wife	Puerperal phlebitio of 4/	2/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and		embalus, sudden death! "/	8/3
10. Data deceased last worked at this occupation (month and year)	otal tima (years) spent in this occupation		
11 00	R VIII	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	Very 1. Va		
13. NAME 81/11/2/2 // 301	titel		
13. NAME Clijah Sac 14. BIRTHPLACE (city of town) Sorses (State or country)	of Rus	Name of operation Date of	
(State or country)	rrva	What test confirmed diagnosis? Clinical Was there an autopsy	nh
15. MAIDEN NAME Miss Janual		23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	11.1/	Accident, suicide, or homicide? Date of injury, 1	9
E (Stata or country)	1/r.1/a-1	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Barl & Marie (Address)	Eml,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION OF REMOVAL	/ / /	Manner of injury	
Placo Lectrone de Cimila de 7	1932	Nature of injury	
19. UNDERTAKER J & Schnol	Ch	24. Was disease or injury in any way related to occupation of deceased?	1
01. 60 62 04.	1 Phalle	(Signed) Harold ( Miller)	M

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Art	Date of onset	The principal cause of death and related causes of importance were as follows:	
Art Tosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhoge 11 5	July 5, 1927	Peritonitis	3 doys ogo
BURZAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 yeor

WRITE

AUSE

mation

Place.\_\_

(Address)

19. UNDERTAKER

Registrar.

Manner of injury

Nature of injury

II so: specify (Signed)

(Address)

24. Was disease or injury in any way related to occupation of deceased?

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gostroenteritis	1 yeor

B ż N is very important.

mation should be carefu -WRITE PLAINLY, W

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04	186
1. PLACE OF DEATH	108	
County 5 and	Registration Dist. No. / 6	3
Village or City Wight externsort	No. St.	Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and num  3.3.4. How long in U.S. If of foreign birth?	nber)
	b O	05.
2. FULL NAME Deorganna M	actels	
(a) Residence: No. W. of terrifort (Vous) place of abode)	St., Ward.  If nonresident give eity or town and Ste	atc
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
Female white Pengle.	(Month) (Day)	93 (Yeer)
5a. If merried, widowed, or divorced HUSBAND of		
(or) WiFE of	22. I HEREBY CERTIFY. That I attended dec March 2/ 1932, to april 6	eased from
6. DATE OF BIRTH (month, dey, end year) Man) (4	0 h 0 1/28 = 1	eath is seld
7. AGE Yeers Months Deys If LESS then	to have occurred on the date steted above, et . J. S.O. f. m.	54(1) 13 3010
57 2, 3 or	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	
8 Trade profession or particular	La grippe	ate of onset
SAWYER, BOOKKEEPER, etc.	Labort Preumonia 3	129/32
9. industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Empyena 3	13/32
0 10. Dete deceased last worked et 11. Total time (years)		
this occupation (month and 1428 spent in this occupation		
12. BIRTHPLACE (city or town) new) - Wantanfat	Other Contributory Causes of importance:	3/25/3,
(State er country)	The property of the second	-1
13. NAME Seorge J. Michael		
14. BIRTHPLACE (city or town) News- Hestarfort	Neme of operation Date of Date of	
(State of country)	What test confirmed diegnosis? Wes there en euto	psy?
15. MAIDEN NAME Matellada Retermon	23. If death wes due to external causes (VIOLENCE) fill In elso the following:	
15. MAIDEN NAME Wathlada Schermon  16. BIRTHPLACE (city or town) Sengetour	Accident, suicide, or homicide? Date of injury	., 19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Sewast Mighals	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
(Address) Suestandent by A  18. BURIAL, CREMATION, OR REMOVAL	Manage of Indian.	
Place Michael Cometery Date april 9, 1932	Manner of Injury	
19. C. R. 1981-	24. Was disease or Injury in any wey related to occupetion of deceased?	( )
19. UNDERTAKER (Address) Bartons Md	If so, specify	
20 FILED JAK & 1932 Darsey Pathion	(Signed) Tolograms	M. D.
20. FILED Alles	(Address) Leedshort (0)	1/2
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	-

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Date of onset
1 week ago
N 1 week ago
3 days ago
25
1 year

P.

V. S. No. N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04187	
1. PLACE OF DEATH	108	
County of and	Registration Dist, No. 162	
Village or City of ray tevelle	NoSt., Ward	d
	death occurred in a hospital or institution, give its NAME instead of street and number)	
C / · // 1//	ds. How long in U.S. if of foreign birth?yrsmosds	š.,
2. FULL NAME Wyglar Mug	Cls	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED, OR DLYORCED (write the word)	21. DATE OF DEATH (North) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HUSBAND OF Musaler	22. YHEREBY CERTIFY, That I attended deceased from	n 7
6. DATE OF BIRTH (month, day, and year) Of t 2 /849	I last say h. A. alive on A. 1932 death is said	4
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 2/20 G m.	4
72 6 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	_
8 Trade profession or particular	Lovas perlumona ap 2	_
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		-
Kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data daceasad last worked at this occupation (month and year) occupation.		-
	Other Contributory Canses of Importance:	
12. BIRTHPLACE (city or town) (Stata or country)		-
# 13. NAME of ilbert Colwards		-
14. BIRTHPLACE (city or town)	Name of operation	-
(State of Country)	What test confirmed diagnosis? Was there an autopsy?	1
15. MAIDEN NAME (ICCIONE) RAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also tha following:	
O 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?	-
( 1 6 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Where did injury occur?(Specify city or town, county and State)	-
17. INFORMANT A MAD C. Wollmann J. (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	-
Place Colucago 1 - Date 1934 1934	Nature of injury	-
19. UNDERTAKER (Address)	24. Was disease or Injury in any way related to occupation of deceased?	=
20. FILED. Apr 4, 19 3 2 674 Silly Registrar.	(Signed) 10 10 M. [M. [M. [M. [M. [M. [M. [M. [M. [M.	0
If more blanks are model all a Sou B is	A Charles B. E. B. C. A.	

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Example I		Example II		
The principal cause of do of importance were as fo	eath and related causes llows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	J. J	July 5,1927	Perilonitis	3 days ago
Other contributory cause	s of importance:	May 1,1923	Other contributory causes of importance:	1 year

tion, give its NAME is stead of street and

number.)

(Day)

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH may b OR DIVORCED (Write the word) (Month) 6 DATE OF BIRTH HEREBY CERTIFY. That I attended the decemed from (Month) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at 1.0 I day hrs. The CAUSE OF DEATH \* was es follows: min.? 8 OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in in a which employed or (employer) ATH ATH impoi Contributory 9 BIRTHPLACE Secondary (State or country OD 10 NAME OF FATHER Shor OF FATHER CAUS FZ \*State the Disease Causing Death, er, in deaths from (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ienta or Recent Residents) 13 BIRTHPLACE In the OF MOTHER (State or country) 0 0 Where was disease contracted, if not at place of dea.h?... Former or usual residence 20 UNDERTAKER Registrar

ESERVED

MARGIN

If more beanks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

# REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed whatever, write None. business, that fact may be indicated thus; Farmer frestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-," etc., report specifically the occupations of persons en-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material single word or term on Locomolive engineer, 6 Grocery;

spinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever enever report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EAST CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the bismeumonia, Bronchopneumonia ("Pneumonia,

> "Exhaustion," "Heart lanure,
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," causing death), 29 ds.; Bronchopmeumonia (secondary), stated unless important. approved belanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepois, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcona, etc., oi Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as by Committee on Nomenclature of the or intercurrent) affection need not be ass important. Example: Measles (disease "Congenital," "Sewile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage," Chronic valvular heart diseasc etc. The contributory Meusles,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

County Sairett	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 63
Village or City Olymmylow (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 9 Africe 5 SINGLE, MARRIED, Monual WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 16th , 1932 (Month) (Day) (Year)
6 DATE OF BIRTH 20, 1874 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1932 to 900 10 , 193 3 that I last saw h Lagive on And 16 , 1923 3
7 AGE   If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Portal Cerrhoses
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosde.
9 BIRTHPLACE (State or country) Garett Maryland.	Contributory Secondary  Duration) yre mos de.
FATHER John Bangi	(Signed) M. D. (Andrewa) Perdmont W-VA
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME (A. O.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Many Benard	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) alic Paryh (Address) Bloomangton Md.	usual residence  19 PLACE OF BURIAL OR REMOVAL  Pulless  19 19 19 19 19 19 19 19 19 19 19 19 19 1
15 Filed Cipil 17 1932 Dorsey Cathon Registrar	20 UNDERTAKER Sharpplea Blaine W. Va
If more banks are needed, addre, s tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

04189

(Approved by U. S. Census and American Public Health Association.)

househon.

definite salary), n...

work, or At Home, and ...

ployed as At school, or At home. ...

to report specifically the occupations of p...

gaged in domestic service for wages, as Servani, Copa,

Housemuid, etc. If the occupation has been changed
or given up on account of the DISEASE CAUSING DEATH,

etate occupation at beginning of illness. If retired from ap

that fact may be indicated thus; Farmer (re.

An

An

The persons who have no occupation

ap

delicated thus; Farmer (re.

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The persons who have no occupation

ap

delicated thus; Farmer (re.

An

The persons who have no occupation

The persons who have no occupation

The persons who have no occupation should be used only when needed. As examples: (a) laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on without more precise specification as Day (b) Automobile Salesman, factory. The material Locomotive engineer, 3 Grocery,

Ex. (\*\*US:NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease American Medical Association.) approved (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. as fracture of skull, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; (secondary unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the cough; or intercurrent) Chronic and consequences (e. g., sepsis, valvular heart affection need etc. The contributory not be disease; etc., oi

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is, essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-20
County Garrett	Registration Dist. No. 10 169
Village or City Deur ark Md	St., Ward
Length of residence in city or town where death occurred 5.5 yrs. 9 mos.	death occurred in a horpital or institution, give its NAME instead of street and number)  2 J. ds. How long in U.S. if of foreign birth?
2. FULL NAME Perlina Pana	ch
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  8. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
emain White Married Warred	(Month) (Day) (Year)
a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Paugh	22. I HEREBY CERTIFY. That t attended deceased from
DATE OF RIRTH (month day end year)	l last saw h alive on
6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 6 45 Pm.
55 9 25 ldey, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER SAWYER, BDOKKEEPER, etc.	Games Dulispacon of Through 10 mm
work was done, as StLK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 11, Totel time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Oahland	Other Contributory Causes of Importance:
(State or country) (State or country) (State or country)	Other may - Other actions
A Colonial C	
14. BIRTYPLACE (city or town) Samulana (State or country)	Name of operation
15. MAIDEN NAME Margret Hilberg	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Deer Park Md.	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place VIII Jack, M. J. Date 4- / 6, 1932	Nature of injury
19. UNDERTAKER Smory Bolden (Address) Cakland med	24. Was disease or injury In any wey related to occupation of deceased?
20, FILED 4 //5/ 19 3 A Julia Rowan	(Signed)
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1. PLACE

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STATE	E OF M	IARY	LAND-	CERTIFIC	CATE	OF DE	EATH	(,	4191
OF DEATH		_			8200			U	7104
arrett						Registrat	ion Dist. No.	166	
City Mt. La		k, Ma	ryland	No. I death occurred in a ho	orpital or institu	ation, give its N	AME instead o	St., f street and r	
AME Emma	Runyan								
ence: No.	(Us	ual place of	abode)	St., V	Vard.	If nonresi	dent give city o	r town and	State
NAL AND STAT	TISTICAL F	PARTIC	ULARS	ME	DICALC	ERTIFICA	TE OF D	EATH	
4. color or rac	OP D	D, WIDOWED,	21. DATE OF	DEATH	April,	21,	,	193. <b>2</b> (Year)	
J.R. Run	yan			22. 1 H April, 1			IFY. That		
(month, day, and yeer)	Unknow	m		last saw h_ 6r	_ alive on	April	, 20	,1932	; death is said
ears Mont	hs	ays	If LESS than 1 day, hrs. ormin.	to have occurred on The PRINCIPAL CA were as follows:				rtance	Oate of onset
ession, or particular work done, as SPINNE R, BOOKKEEPER, etc	R. House	wife		Paralys	is			a	4-16
business in which as done, as SILK MILL, ILL, BANK, etc				Cerebra	1 Hem	orræge			
esed last worked et cupation (month and	1	1. Total time spent i occupa	n this						

County Village or Length of re 2. FULL N (a) Reside PERSO 3. SEX Female 5a, If married, wide HUSBANO of (or) WiFE of 6. DATE OF BIRTI 7. AGE 71-abou 8. Trade, prot kind of OCCUPATION SAWYE 9. Industry of SAW N 10. Date dece this oc year) Other Contributory Causes of Importance: Artero sclerosis 12. BIRTHPLACE (city or town) Swanton. Md Garrett Co. (State or country) 13. NAME Joseph Lish FATHER Germany 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? ..... Was there an autopsy? Friend MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Friendsville, Md. Garrett Co... Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19 16. BIRTHPLACE (city er town) (State or country) Where did injury occur? .... (Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. J.R. Runyan Park Md. Lake 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Valley Oete 4-23 Pleasant Nature of injury Bolden Emory 24. Was disease or injury in any wey related to occupation of deceased? 19. UNDERTAKER akland (Address) If so, specify 20. FILEO. 4-22 (Signed) 19 32 Registrar.

more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephnitis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2 1000	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year
		the state of the s	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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		OF MAR	YLAND-	CERTIFICATE OF DEATH	04192
1. PLACE OF DEATH				(194°a)	
County	Garrett			Registration Dist. No.	0./
Village or	city Friends	ville R.	TD#	No	War
Length of re-	sidence in city or town where	death negereed		f death occurred in a hospital or institution, give its NAME instead of street and s	
2. FULL NA	B . H	Gran	0.1	101	11031
		1,22000	poncy		
(a) Reside	nce: No.	(Usual place	of abode)	St., Ward.  If nonresident give city or town an	d State
PERSOI	NAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
French	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Jane 6th	, 193 2 (Year)
5a. If married, wido HUSBAND of	wed, or divorced				
(or) WIFE of				april 624 1932 to affice 6th	decaased from
E DATE OF BIRTU	(month, day, and year) 24	w 87h	1929	1	death is sai
	ars 4 Months	De Days	If LESS than	to have occurred on the date stated above, at 11. A-m.	, 00011113 301
			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causas of Importanca were as follows:	,
8. Trade, profa	assion, or particular	6	A	Chaked to death	Usto of onse
SAWYER	work done, as SPINNER, R, BOOKKEEPER, etc.	Jugar	(	accodental Foreign body	14/6/3
9. Industry or work wa	businass in which as dona, as SILK MILL, LL, BANK, etc.	leedan	t		. /
10. Data decea	LL, BANK, etcsed last worked at appartion (month and	11. Total t	ima (yaars) nt In this R		
yaar)		001	upation	Other Centributery Causes of importance:	
12. BIRTHPLACE (G	ity or town) French	sville 117	404/	True to Swallow a pure	4/4/3
(State or cou	intry)	and a		of and apple	//
13. NAME (4	zan xieni	anger!		0	
14. BIRTHPLAC	E (city or town)	-01		Name of operation Data of	a.
	0 101	1	11	What tast confirmad diagnosis?	
15. MAIDEN NA	AMIE COMPO IL	me and		23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLAC	E (city or town)	Mal-		Accident, suicide, or homicide? Data of injury	, 19
State or country)				Where did Injury occur? (Specify city or town, county and St	ate)
17. INFORMANT (Address)	Brande	me relle	WIN	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PI	LACE.
	TION, OR REMOVAL	_,_,_,	: 4 = 7	Manner of injury	
Placa BL	compace	Date Of	rel 7, 19 32	Natura of injury.	
19. UNDERTAKER	8. Istam	ul 1		24. Was disaasa or Injury In any way related to occupation of deceased?	
(Address)	Brando	wille	nou	If so, specify A	
20. FILED agr	il 7 1, 10 32 mis	Jeannel	les Stotler	(Signed) N.O. Nedrow (Address) Frunkville m	M. I
-	If more	blanks are needed,	address State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned at at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

"operative," etc. Find

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonilis	3 days ago
Oth outributory causes of importance:		Other contributory causes of importance:	
Visiones	May 1,1923	Gastroenteritis	1 year

state of infor

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. N

STATE OF MARYLAND-CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19 (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY 5 1932	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BUREAU V. B	July 5,1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importanco:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. Mo. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1062
County Garrell	Registration Dist. No.
Village or City Oakland	No. 37 Ceuler St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  2 _ds. How long in U.S. it of foreign birth?
& l'a Tille and	23. 1104 long ii 0.5.11 01 lotelan biliti
2. FULL NAME Sadil & LORUND S	nouso
(a) Residence: No. 2/10 MUCO (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  April 3"  (Month) (Day) (Year)
5a. If married, widowed, or divorced  WISBAND of (or) WIFE of W. H. Smouse	22. P. I HEREBY CERTIFY, That I attended deceased from tel. 16" 1932 to April 3" 1932
6. DATE OF BIRTH (month, day, end year) Selbling, 1873	Hast saw h ev alive on april 2 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.30 A.m.
3-60 6 26 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	Brenchiectarie Chronic
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	with adonner tidennia
11. Total time (years) this occupation (month and year)	win species agames
Ealow	Other Contributory Causes of importance:
(State or country) Preplace 60, W.Va.	
13. NAME abraham Wiles	
13. NAME Wiraham Wills  14. BIRTHPLACE (city or town) awwras  (State or country)	Name of operation Date of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Louise Ellew Rosh	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town), Calou	Accident, suicide, or homicide?, 19 Date of injury, 19
(State or country) Prestow too, W.V.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Cafel (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Oakland Date 73,19.8	Nature of injury
19. UNDERTAKER Comery Golden; (Address) (Seable) and	24. Was disease or injury in any way related to occupation of deceased?
20, FILED 4 4, 19 36 Julia Rowan Registrar.	(Signed) A. W. M. D. Oakland M. D. M. D. (Address)
16 mars blanks are moded address State Periode and	Oct N. Charles Street Religions Properties 7) S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	10	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAY 6 1938	July 5,1927	Peritonitis	3 days ago	
RUPZ'AU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	- 1 year	

MARGIN RESERVED FOR BINDING

-WRITE PLAINLY,

Ä ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04195
1. PLACE OF DEATH	92-02
County Garrett	Registration Dist. No.
Village or City Cachland	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. If of foreign birth?mosds.
	St Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 13", 193% (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decessed from 1932 to Option 133
0.19-17- 1902	Mast saw h & alive on Askel 23' 1932 death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, et 3.30 P.m.
29 8 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrinie Indocardelis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and	sp called impefliciency
10. Oate deceased last worked at this occupation (month and cof 1929 spent in this occupation spent in this occupation	Orgin compensation
12. BIRTHPLACE (city or town) accident	Other Contributary Causes of Importance:
(State or country) Garrett les, Mid.	
13. NAME John Spoerlen	
13. NAME John Spoerlene  14. BIRTHPLACE (city or town) accessed	Name of operation Date of
(State of Country) Sparrell Co. Ma,	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Dora V. Dodge  16. BIRTHPLACE (city or town) Perra acta.  (State or country)	23. If death was due to externel causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
(State or country) / sestou bo w, va,	Where did injury occur?
17. INFORMANT W. E. Spoerlein (Address) Bakland Mil.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place a reclinit Date aff 26 , 1902	Neture of Injury
19. UNDERTAKER Allow Alineways	24. Was disease or Injury In any way related to occupation of deceased?
20, FILED # 25, 1932 Ulia lowar Registrar.	(Signed) A' (Us MOSINAS, M.D. (Address) Oasland Ma
Registrar.	" (nuuross)

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Arterioselerosis	1915	Attack of epilepsy	B.V UASS	I week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	6601 3 VA	3 days ago
			CHIVED	123
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis		1 year

1. PLACE OF DEATH  County Carrill	Registration Dist. No. 164		
Village or City Accident R7D Im	No. St., Ward		
Length residance in city or town where death occurred 50 yrs m	(If death occurred in a hospital or institution, give its NAME instead of street and number)  osds. How long in U.S. if of foreign birth?yrsmosds		
2. FULL NAME Silvas Prets			
	St., Ward,		
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH		
PERSONAL AND STATISTICAL PARTICULARS			
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)		
a. If marriad, widowy, or divorcade HUSBAND of			
(or) WIFE of	I HEREBY CERTIFY, That i attended daceasad from		
DATE OF BIRTH (mostly day and most Sept 23ml /853	1 last saw hair alive on a fair 8 th 1942; death is sai		
DATE OF BIRTH (month, day, and year)  AGE Yaars   Months   Days   If LESS than	to have occurred on the date stated above, at 6. P.m.		
78 6 15- 1day,hr	Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca		
1 % Trade profession or particular	Chronic myseardilis by myseardial 1/1/29		
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	degeneration		
9. Industry or businass in which work was done, as SILK MILL, OWN Farms			
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Data daceasad iast worked at this occupation (month and year) 1934 11. Total time (years) spant in this occupation			
C	Other Contributory Canses of importance:		
Z. BIRTHPLACE (city or town)	Bronshiel Asthura 2/11/2		
13. NAME Saviel Auts			
14. BIRTHPLACE (city or town)	Name of operation		
(State or country) West Yungama	What test confirmed diagnosis? A		
15. MAIDEN NAME Mary Binter	23. If death was due to extarnal causes (VIOL ENCE) fill in also the following:		
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicida?		
(Stata ar country) Pennsylvania			
7. INFORMANT Junifier Jelts md	(Specify city or town, county and State) Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.		
8. BURIAL, CREMATION, OR REMOVAL	Mannar of injury		
Piace Discharge Data Data 10. 10, 197	Nature of injury		
9. UNDERTAKER If Marie and	24. Was disaase or injury in any way related to occupation of deceased? No		
20. FILED apr. 9, 1932 a. J. Richte	(Signed) W. O. Nedrow M.		

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ag	
		· la	RECEIVE	
Oth ontributory causes of importance:		Other contributory causes of importance:		
Ilstones	May 1,1923	Gastroenteritis 1		
The state of the s				